Schedule E)				FOI	GE 1 OF 9 R SE OF FORM 24/48		
IAME OF COMMITTEE (In Full)							
VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)							
				C C008	33300		
check if 24-hour report X 48-hour report	New report	x Amends repor			29 / 2016		
Full Name of Payee	F0		Date o	f Public Dis	stribution/Dissemination		
CONSOLIDATED MAILING SERVICE	ES			05 / D	27 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Mailing Address 504 SHAW RD				nt			
SUITE 206							
<b>l</b> '		Code		-	3702.74		
	VA 20	166		action ID : Sof Disbursem	SE.56028 nent or Obligation		
Purpose of Expenditure VOTER MAIL	Ca	ategory/ Type 004	М	05 / D	27 / 2016		
Name of Federal Candidate		<b>x</b> Support	Office Sought	:: 🗶 Н	louse District: 23		
WILLIAM HURD		Oppose	Preside	nt S	enate State: TX		
Calendar Year-To-Date Per Election for Office Sought	2	22377.41	Disbursement		Primary Seneral		
Full Name of Payer				her (specify			
Full Name of Payee CONSOLIDATED MAILING SERVICES				- M / D	stribution/Dissemination		
Mailing Address 504 SHAW RD				05	27 2016		
SUITE 206			Amour	nt			
City	State Zip	Code	- [		3702.74		
STERLING	VA 20	0166		ction ID : Sl	E.56029 ment or Obligation		
Purpose of Expenditure VOTER MAIL	Ca	ategory/ Type 004		05 / D	27 / 2016		
Name of Federal Candidate	<u>'</u>	<b>x</b> Support	Office Sough	t: <b>x</b> H	louse District: 04		
MIA LOVE		Oppose	Preside	ent S	Senate State: UT		
Calendar Year-To-Date		21895.61	Disbursement	t For:	Primary <b>X</b> General		
Per Election for Office Sought		1000.01	O	ther (specify	<i>(</i> ) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			<b>.</b> [	77	7405.48		
(b) SUBTOTAL of Unitemized Independent Expenditure	es		. =				
				7			
(c) TOTAL Independent Expenditures			•	-			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.							
SCOTT B MACKENZIE	[Electronicall	y Filed] Date	09 /	19	2016		
Signature							

FOR SE OF FORM 24/48 NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼ VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY) C00553560 **✗** 48-hour report New report | X | Amends report filed on Check if 24-hour report 05 2016 29 Full Name of Payee Date of Public Distribution/Dissemination CONSOLIDATED MAILING SERVICES 2016 05 27 Mailing Address 504 SHAW RD Amount SUITE 206 State Zip Code City 3702.75 VA 20166 Transaction ID: SE.56030 **STERLING** Date of Disbursement or Obligation Purpose of Expenditure Category/ **VOTER MAIL** 004 05 27 2016 Type Name of Federal Candidate 00 **✗** Support Office Sought: House District: TIMOTHY E SCOTT SC **x** Senate Oppose President State: Disbursement For: Primary **✗** General Calendar Year-To-Date 21943.35 2016 Per Election for Office Sought Other (specify) ▶ Full Name of Payee Date of Public Distribution/Dissemination DIRECT SUPPORT SERVICES INC 05 2016 Mailing Address 1155 - 15TH STREET NW Amount **SUITE 410** City State Zip Code 2633.89 WASHINGTON DC Transaction ID: SE.56031 20005 Date of Disbursement or Obligation Purpose of Expenditure Category/ 004 VOTER MAIL 2016 05 27 Type Name of Federal Candidate 04 **✗** Support Office Sought: **✗** House District: MIA LOVE UT Oppose President Senate State: Primary **X** General Calendar Year-To-Date Disbursement For: 2016 24529.50 Per Election for Office Sought Other (specify) (a) SUBTOTAL of Itemized Independent Expenditures..... 6336.64 (b) SUBTOTAL of Unitemized Independent Expenditures ..... (c) TOTAL Independent Expenditures..... Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. SCOTT B MACKENZIE [Electronically Filed] 09 19 2016 Date Signature

**PAGE** 

**PAGE** OF FOR SE OF FORM 24/48 NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼ VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY) C00553560 ¥ 48-hour report New report | X | Amends report filed on Check if 24-hour report 05 2016 29 Full Name of Payee Date of Public Distribution/Dissemination DIRECT SUPPORT SERVICES INC 2016 05 27 Mailing Address 1155 - 15TH STREET NW Amount **SUITE 410** State Zip Code City 2633.89 DC 20005 Transaction ID: SE.56032 WASHINGTON Date of Disbursement or Obligation Purpose of Expenditure Category/ **VOTER MAIL** 004 05 27 2016 Type Name of Federal Candidate 23 **x** ∣ House **✗** Support Office Sought: District: WILLIAM HURD ΤX Oppose President Senate State: Disbursement For: Primary **✗** General Calendar Year-To-Date 25011.30 2016 Per Election for Office Sought Other (specify) ▶ Full Name of Payee Date of Public Distribution/Dissemination DIRECT SUPPORT SERVICES INC 2016 Mailing Address 1155 - 15TH STREET NW Amount **SUITE 410** City State Zip Code 2633.90 WASHINGTON DC Transaction ID: SE.56050 20005 Date of Disbursement or Obligation Purpose of Expenditure Category/ 004 VOTER MAIL 2016 05 27 Type Name of Federal Candidate 00 **✗** Support Office Sought: House District: TIMOTHY E SCOTT SC Oppose President Senate State: **X** General Calendar Year-To-Date Disbursement For: Primary 2016 24577.25 Per Election for Office Sought Other (specify) (a) SUBTOTAL of Itemized Independent Expenditures..... 5267.79 (b) SUBTOTAL of Unitemized Independent Expenditures ..... (c) TOTAL Independent Expenditures..... Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. SCOTT B MACKENZIE [Electronically Filed] 09 19 2016 Date Signature

		FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full) IGOP (VIRGIN ISLANDS REPUBLICAN PARTY)	FEC IDENTIFICATION NUMBER ▼
v	VINGIN ISLANDS REPUBLICAN PARTT)	C C00553560
Che	eck if 24-hour report 48-hour report New report Amends report filed of	on 05 / 29 / 2016
	Full Name of Payee DONOR BUREAU	Date of Public Distribution/Dissemination
1	DONOR BUREAU	05 27 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 1900 N CULPEPPER ST	Amount
ł	City State Zip Code	111.82
		Transaction ID : SE.56034 Date of Disbursement or Obligation
	Purpose of Expenditure VOTER MAIL  Category/ Type  004	05 / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate	Sought: <b>x</b> House District: 23
١	WILLIAM HURD Oppose	President Senate State:TX
	Calendar Year-To-Date Per Election for Office Sought  Disbur 25550.22  Disbur 2016	sement For: Primary <b>X</b> General  Other (specify) ▶
Ì	Full Name of Payee DONOR BUREAU	Date of Public Distribution/Dissemination  05 27 2016
	Mailing Address 1900 N CULPEPPER ST	Amount
ľ	City State Zip Code	111.82
١	ARLINGTON VA 22207	Transaction ID : SE.56038  Date of Disbursement or Obligation
	Purpose of Expenditure VOTER MAIL  Category/ Type 004	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
١	Name of Federal Candidate X Support Office	Sought: House District: 04
١	MIA LOVE Oppose	President Senate State: UT
	Calendar Year-To-Date Per Election for Office Sought  Disbur 2016	rsement For:  Primary
(	(a) SUBTOTAL of Itemized Independent Expenditures	223.64
(	(b) SUBTOTAL of Unitemized Independent Expenditures	
(	(c) TOTAL Independent Expenditures	
١	Under penalty of perjury I certify that the independent expenditures reported herein were not made with, or at the request or suggestion of, any candidate or authorized committee or agent of either, party committee) any political party committee or its agent.	
	SCOTT B MACKENZIE  [Electronically Filed] Date 09	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signature	

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official E	FOR SE OF FORM 24/48				
AME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼				
VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)	C C00553560				
heck if 24-hour report 48-hour report New report Amends report filed on	05 29 7 2016				
	ate of Public Distribution/Dissemination				
DONOR BÜREAU	05 27 2016				
Mailing Address 1900 N CULPEPPER ST  Ar	nount				
City State Zip Code	111.81				
1	ansaction ID : SE.56052 ate of Disbursement or Obligation				
Purpose of Expenditure VOTER MAIL  Category/ Type  004	05 / 27 / Y 2016				
Name of Federal Candidate    X   Support   Office So	ought: House District: 00				
TIMOTHY E SCOTT	esident  Senate State: SC				
	ment For: Primary X General				
Per Election for Office Sought 25116.15	Other (specify)				
Full Name of Payee DSSI	ate of Public Distribution/Dissemination				
Mailing Address 1155 - 15TH STREET NW	05 27 2016				
- 1100 IOTH CIRCLET IVV	mount				
City State Zip Code	427.10				
	insaction ID : SE.56033 ate of Disbursement or Obligation				
Purpose of Expenditure VOTER MAIL  Category/ Type 004	05 / 27 / 2016				
Name of Federal Candidate  Support  Office Sc	ought: <b>x</b> House District: 23				
MILLIAM LIUDD	esident Senate State: TX				
Calcillati Total To Bato	ment For: Primary 🗶 General				
Per Election for Office Sought 25438.40 2016	Other (specify)				
(a) SUBTOTAL of Itemized Independent Expenditures	538.91				
(b) SUBTOTAL of Unitemized Independent Expenditures					
(c) TOTAL Independent Expenditures	7 7 7				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
SCOTT B MACKENZIE  [Electronically Filed] Date 09	19 2016				
Signature					

PAGE 5

	medule Ly			FOR SE OF	FORM 24/48
	ME OF COMMITTEE (In Full)		FEC II	DENTIFICATION	ON NUMBER ▼
V _	IGOP (VIRGIN ISLANDS REPUBLICAN PARTY)		С	C00553560	
Che	eck if 24-hour report 48-hour report New report Amends report filed		D5	29	2016
	Full Name of Payee	Date o	f Publi	ic Distribution/	/Dissemination
	DSSI		05 <sup>M</sup>	/ D D / 27	2016
	Mailing Address 1155 - 15TH STREET NW				
	SUITE 410	Amour	π		
	City State Zip Code		ا میں		427.10
	WASHINGTON DC 20005			ID: SE.56037 ursement or C	
	Purpose of Expenditure VOTER MAIL  Category/ Type  004	M	05 <sup>M</sup>	27	2016
	Name of Federal Candidate    X   Support   Office	Sought	<u>:</u>	<b>X</b> House	District: 04
	MIA LOVE Oppose	Preside	_	Senate	State: UT
		ursement		Primary	
	Per Election for Office Sought 24956.60 2016			pecify) ▶	
ŀ	Full Name of Payee				/Dissemination
	DSSI		05 <sup>M</sup>	/ D D / 27	2016
	Mailing Address 1155 - 15TH STREET NW	Amour	-		
	SUITE 410  City State Zip Code	_			427.09
	·			D : SE.56051	
	Purpose of Expenditure VOTER MAIL  Category/ Type 004	M	05 DISD	oursement or (	Obligation 2016
	Name of Fodoral Condidate				Division of the second
	Support Office	e Sought		House	District: 00 State: SC
	Оррозе	J		<b>X</b> Senate	State.
	Calendar Year-To-Date Per Election for Office Sought  Disbut 25004.34  Disbut 2016			Primary	/ <b>X</b> General
(	(a) SUBTOTAL of Itemized Independent Expenditures			1 1 7	854.19
(	(b) SUBTOTAL of Unitemized Independent Expenditures				
(	(c) TOTAL Independent Expenditures				
١	Under penalty of perjury I certify that the independent expenditures reported herein were not ma with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.				
	SCOTT B MACKENZIE  [Electronically Filed] Date 0		19	/ Y Y 201	Y Y 16
	Signature				
_		_			

PAGE 6

Schedule E)	<b>L</b> /(1 <b>L</b> (1).	101120				PAGE 7	OF 9 FORM 24/48	
NAME OF COMMITTEE (In Full)					FEC ID		ON NUMBER 1	,
VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)						C00553560		1
								_
Check if 24-hour report	New repo	ort 🗶 Ame	nds repo	rt filed on	05	29	2016	]
Full Name of Payee FORTH RIGHT STRATEGY INC				Date			Dissemination	
				_	05	27	2016	
SUITE 410	ailing Address 1155 - 15TH STREET NW				ount			
	State	Zip Code					1650.36	П
WASHINGTON	DC	20005				ID : SE.56035 ursement or C		-
Purpose of Expenditure VOTER MAIL		Category/ Type	004		05 /	27	2016	
Name of Federal Candidate		X Su	upport	Office Sou	nht:	<b>X</b> House	District: 23	
WILLIAM HURD			ppose	Presi	_	Senate	State: TX	_
Calendar Year-To-Date Per Election for Office Sought		27200.58		Disburseme		Primary	<b>X</b> Genera	ıΙ
					Other (sp			=
Full Name of Payee FORTH RIGHT STRATEGY INC				Date	M = M	/ D D /	/Dissemination	
Mailing Address 1155 - 15TH STREET NW					05 27 2016			
SUITE 410				Amo	ount			
	State	Zip Code					1650.36	
WASHINGTON	DC	20005				D: SE.56039 ursement or (	Obligation	
Purpose of Expenditure VOTER MAIL		Category/ Type	004		M 05	27	2016	]
Name of Federal Candidate		<b>✗</b> Su	upport	Office Sou	ght:	<b>X</b> House	District: 04	
MIA LOVE			ppose	Pres	ident	Senate	State: UT	_
Calendar Year-To-Date Per Election for Office Sought		26718.78		Disburseme 2016	ent For: Other (sp	Primary Decify)	<b>x</b> Genera	al .
•								
(a) SUBTOTAL of Itemized Independent Expenditures.				•			3300.72	
(b) SUBTOTAL of Unitemized Independent Expenditure	es			· [		1 1 4		]
(c) TOTAL Independent Expenditures				•				]
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ag	or authorized							
SCOTT B MACKENZIE	[Electron	ically Filed]	Date	M = M   09	/ 19	/ Y Y 201	6	
Signature		_						

**PAGE** OF FOR SE OF FORM 24/48 NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼ VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY) C00553560 ¥ 48-hour report New report | X | Amends report filed on Check if 24-hour report 05 2016 29 Full Name of Payee Date of Public Distribution/Dissemination FORTH RIGHT STRATEGY INC 2016 05 27 Mailing Address 1155 - 15TH STREET NW Amount **SUITE 410** State Zip Code City 1650.36 DC 20005 Transaction ID: SE.56053 WASHINGTON Date of Disbursement or Obligation Purpose of Expenditure Category/ **VOTER MAIL** 004 05 27 2016 Type Name of Federal Candidate 00 **✗** Support Office Sought: House District: TIMOTHY E SCOTT SC Oppose **X** Senate President State: Disbursement For: Primary **✗** General Calendar Year-To-Date 26766.51 2016 Per Election for Office Sought Other (specify) ▶ Full Name of Payee Date of Public Distribution/Dissemination LEGACY LIST MANAGEMENT INC 05 2016 Mailing Address 1155 - 15TH STREET NW Amount **SUITE 410** City State Zip Code 466.72 WASHINGTON DC Transaction ID: SE.56036 20005 Date of Disbursement or Obligation Purpose of Expenditure Category/ 004 VOTER MAIL 2016 05 27 Type Name of Federal Candidate 23 **✗** Support Office Sought: **✗** House District: WILLIAM HURD TΧ Oppose President Senate State: Primary ✗ General Calendar Year-To-Date Disbursement For: 2016 27667.30 Per Election for Office Sought Other (specify) (a) SUBTOTAL of Itemized Independent Expenditures..... 2117.08 (b) SUBTOTAL of Unitemized Independent Expenditures ..... (c) TOTAL Independent Expenditures..... Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. SCOTT B MACKENZIE [Electronically Filed] 09 19 2016 Date Signature

Schedule E)	IN EXILIND	HONLO		PAGE 9 OF 9 FOR SE OF FORM 24/48				
NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUB	 LICAN PART	·Y)	FEC I	DENTIFICATION NUMBER ▼				
VICE (VIIVEII IEE IIVE IVEI EE		.,	C	C00553560				
Check if 24-hour report 🗶 48-hour report	New rep	port X Amends repo	ort filed on 05	29 2016				
Full Name of Payee LEGACY LIST MANAGEMENT I	NC		Date of Publ	ic Distribution/Dissemination				
Mailing Address 1155 - 15TH STREET NW			Amount	2010				
SUITE 410								
City WASHINGTON	State DC	Zip Code 20005	Transaction	466.72 Transaction ID : SE.56040				
Purpose of Expenditure VOTER MAIL		Category/ 004	M = M	oursement or Obligation  27 2016				
		Type 004						
Name of Federal Candidate  MIA LOVE		<b>✗</b> Support	Office Sought:	₩ House District: 04				
IVIIA LOVE		Oppose	President	Senate State: UT				
Calendar Year-To-Date Per Election for Office Sought				bursement For: Primary   General  Other (specify)   Other				
Full Name of Payee			Date of Publ	Date of Public Distribution/Dissemination  Date of Public Distribution/Dissemination  27 2016				
LEGACY LIST MANAGEMENT INC	;							
Mailing Address 1155 - 15TH STREET NW	Mailing Address 1155 - 15TH STREET NW							
SUITE 410			Amount					
City	State	Zip Code		466.71				
WASHINGTON	DC	20005	Transaction I	D: SE.56054 oursement or Obligation				
Purpose of Expenditure VOTER MAIL		Category/ Type 004	05 <sup>M</sup>	27 / 2016				
Name of Federal Candidate		<b>x</b> Support	Office Sought:	House District:00				
TIMOTHY E SCOTT		Oppose	President	Senate State: SC				
Calendar Year-To-Date Per Election for Office Sought		27233.22	Disbursement For: 2016 Other (s	Primary <b>X</b> General specify) ▶				
•			· · · · · · · · · · · · · · · · · · ·					
(a) SUBTOTAL of Itemized Independent Expendi	tures		•	933.43				
(b) SUBTOTAL of Unitemized Independent Expe	nditures		>					
(c) TOTAL Independent Expenditures			<b>&gt;</b>	26977.88				
Under penalty of perjury I certify that the indepe with, or at the request or suggestion of, any cand party committee) any political party committee or	didate or authorized							
SCOTT B MACKENZIE	[Electron	nically Filed] Date	e 09 19	2016				
Signature								